

**MICHIGAN FOREST STEWARDSHIP PROGRAM  
MANAGEMENT PLAN WRITING GRANT APPLICATION - 2005**

*This information is required under the Forestry Title of the 1990 Farm Bill for writing Forest Stewardship Management Plans for Non-Industrial Private Landowners.*

Name of Applicant/Organization:	Name of Applicant's Contact Person:
Address:	Telephone Number: (       )
City, State and Zip Code:	Federal Employer Identification Number (FEIN)/Social Security Number:
Telephone Number: (       )	Certified Plan Writer Name(s):
E-mail Address:	
Estimated Number of Management Plans to be Completed:	Amount of Grant Requested (maximum 50% of total project amount) \$
Estimated Total Number of Acres:	Amount of Match (minimum of 50% of total project amount) \$
Narrative (Optional):	
<p><i>I certify that the above information is accurate.</i></p>	
<p>_____ Applicant or Designated Representative's Signature</p>	
<p>_____ Date</p>	

For further information contact the Forest Stewardship Coordinator at: (517) 335-3355  
TTY/TDD: 711 (Michigan Relay Center)

**Submit completed application to: FOREST STEWARDSHIP PROGRAM  
FOREST, MINERAL AND FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30452  
LANSING MI 48909-7952**